

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540802

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		1				
4						
5						
6						
7						
8	1					
9						
10		1				
11						
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49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	13	←		←	←	
TOTAL CLAIMS	15	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]